Special Articles and Association Notes

The Manitoba Medical Association Review

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Editor
C. W. MACCHARLES, M.D. (MAN.)

Editorial or other opinion expressed in this Review is not necessarily sanctioned by the Manitoba Medical Association

Annual Meeting—Provisional Programme

WEDNESDAY, SEPTEMBER 21st, 1938

Fort Garry Hotel
7.00 p.m. **President's Dinner to Executive.**
8.00 p.m. **Meeting of Executive.**

THURSDAY, SEPTEMBER 22nd, 1938

Fort Garry Hotel
8.30– 9.20 a.m. **Registration.**
Scientific Meeting.
Chairman, C. W. BURNS, F.R.C.S. (C.).
9.30–10.00 a.m. **Cancer of Lip and Mouth.**
A. W. S. HAY, F.R.C.S. (Edin.).
10.00–10.30 a.m. **Cancer of Breast.**
PROF. A. T. BAZIN (McGill).
Discussion: PROF. J. A. GUNN.
10.30–11.00 a.m. **A New Interpretation of Diabetes Mellitus in Obese Middle-Aged Persons. Cure by Reduction of Weight.**
PROF. L. H. NEWBURGH, University of Michigan, Ann Arbor.
Discussion: PROF. C. R. GILMOUR.
11.00–11.30 a.m. **Types of Malignant Disease Treated by Radium from the Cancer Relief Institute of Manitoba.**
PROF. DANIEL NICHOLSON.
11.30–12.00 a.m. **Medical Paper.**
H. D. KITCHEN, M.D. (Man.).
Dining Room
12.30 p.m. **Luncheon.**
Speakers: PROF. K. A. MACKENZIE, President, and T. C. ROUTLEY, M.D., Secretary of Canadian Medical Association.
Hospitals
2.00– 5.00 p.m. **Clinics and Demonstrations.**
Fort Garry Hotel
6.00 p.m. **Dinner.—Annual Meeting.**
Winnipeg Auditorium
8.30 p.m. **Public Meeting.**
Speakers: PROF. A. T. BAZIN and PROF. L. H. NEWBURGH.

FRIDAY, SEPTEMBER 23rd, 1938

Fort Garry Hotel **Scientific Meeting.**
Chairman, GEO. CLINGAN, M.D., C.M. (Tor.).
9.00– 9.30 a.m. **Recent Development in the Treatment of Chronic Ear Conditions.**
F. D. McKENTY, F.R.C.S. (C.).
9.30–10.00 a.m. **The Nature and Management of Nephritis Oedema.**
PROF. L. H. NEWBURGH, University of Michigan, Ann Arbor.
Discussion: CHAS. HUNTER, F.R.C.P. (Lond.).
10.00–10.30 a.m. **Paroxysmal Tachycardia.**
PROF. K. A. MacKENZIE, Dalhousie.
Discussion: J. McF. McEACHERN, F.R.C.P. (C.).
10.30–10.40 a.m. **Intermission.**
10.40–11.10 a.m. **Ganglionectomy.**
A. C. ABBOTT, F.R.C.S. (Edin.).
11.10–12.00 a.m. **Insulin Shock Therapy.**
EDWARD JOHNSON, M.D. (Man.).
Discussion: DEAN A. T. MATHERS.
Dining Room
12.30 p.m. **Luncheon.**
Hospitals
2.00– 5.00 p.m. **Clinics and Demonstrations.**
Fort Garry Hotel
7.15 p.m. **Annual Dinner and Dance.**

SATURDAY, SEPTEMBER 24th, 1938

Fort Garry Hotel **Scientific Meeting.**
Chairman, E. L. ROSS, M.D. (Man.).
9.00– 9.40 a.m. **The Chlorotic Tendency.**
J. D. ADAMSON, M.R.C.P. (Edin.) and W. F. ABBOTT, M.D. (Man.).
9.40–10.10 a.m. **Treatment of Hypertension.**
PROF. K. A. MacKENZIE, Dalhousie.
Discussion: F. G. ALLISON, M.R.C.P. (Lond.).
10.10–10.50 a.m. **Cancer of Colon and Rectum.**
PROF. A. T. BAZIN (McGill).
Discussion: N. J. MacLEAN, F.A.C.S.
10.50–11.00 a.m. **Intermission.**
11.00–11.30 a.m. **Planigraphy.**
DIGBY WHEELER, F.B.A.R.
11.30–12.00 a.m. **Treatment of Fractures Around the Ankle Joint.**
A. GIBSON, F.R.C.S. (Eng.).
Golf Course
2.00– 5.00 p.m. **Annual Golf Tournament.**

Department of Health and Public Welfare

NEWS ITEMS

The following article is one published by Doctor George W. Henry in a recent edition of "Preventive Medicine," and is one which the Department believe will prove of real interest to the practising profession of Manitoba:

MENTAL HYGIENE DURING PREGNANCY

"In a brief discussion of the mental hygiene of a pregnant woman the temptation to resort to platitudes is great, but instead of yielding to this I will try to express a few thoughts which come to me from clinical experience. Most of this experience is the result of psychiatric consultations in a large general hospital and from intensive study of maladjusted women who have been pregnant. Some of it comes from the observation of the wives of friends and colleagues.

"Pregnancy often is the result of a series of irrational acts in that there is very little preliminary education and practically no supervision of those who are to become parents. Conception is usually accidental and prenatal care is restricted to the physical health of the prospective mother. The physician is primarily interested in the functioning of her pelvic organs in order to obtain a successful delivery. The personal problems of the mother and her physiological and emotional fitness to be a mother seldom receive sufficient attention.

"If the physician were consulted as to the advisability of pregnancy in a particular case, from the viewpoint of mental hygiene, he would probably have to depend upon intuition in arriving at a conclusion. It is only in recent years that his attention has been called to the role played in illness by personality maladjustment and there is still very little knowledge available regarding the mental hygiene aspects of pregnancy.

"In the best of our maternity hospitals the prospective mother is repeatedly examined as to the state of her physical health and accurate measurements are taken to determine her capacity to give birth. Yet in one of these hospitals a woman, already the mother of two children which she cannot support, is required to go on with a pregnancy which was imposed upon her and which she wants terminated. She was referred to this hospital from a psychiatric clinic for the purpose of abortion because she had already had two attacks of mental illness and all of her four siblings either were or had been patients in mental hospitals. The pregnancy was permitted to continue because the patient seemed in good physical health. She was not sufficiently depressed at the time to attract attention.

"This instance of unscientific medical practice (the human and social aspects are too obvious to mention) is cited to call attention to an attitude which is still prevalent. It is taken for granted that a woman will survive pregnancy if she is given proper food, shelter and rest. Her fundamental desires and apprehensions are seldom discovered. The tendencies to personality disorder which she may have pass unnoticed until the stress of pregnancy and childbirth causes them to become manifest.

"Fortunately the majority of women are sufficiently adjustable to deal with the problems of pregnancy without much help but there is no way of being certain that any particular woman will be included in the majority. If the physician feels secure because his patient has remained fairly stable through one or two pregnancies he may not be aware that some of the malignant psychoses follow subsequent pregnancies.[1] If he is unaware that his patient has internal conflicts which lead to manifest disorder he is not sufficiently acquainted with her.

"Under ideal conditions the prospective mother should be emotionally adult and primarily interested in her own health for the sake of the child and her family. Her concern should not go beyond a reasonable adherence to the rules of good hygiene and the directions of her physician. She should have a real desire for the child and she should be able to pass through the period of pregnancy with little discomfort and with a feeling of satisfaction in having achieved a desired goal. She should want the child for its own sake, as a symbol of profound affection between herself and her husband and as another bond by which the family union is maintained.

"How often is this ideal realized? What progress are physicians making in determining the causes of failures? Only a small proportion are due to physical disease. A confidential talk with the prospective mother is likely to disclose that her problems are in large part those which contribute to marital unhappiness and which lead to separation and divorce. They are the result of the incompatible personality traits and tendencies of herself and her husband which in turn reflect their respective family and personal backgrounds.

"If the woman has been primarily interested in herself and marriage has meant little more than the additional attention which she can demand she is not likely to tolerate being displaced by a child. She will avoid pregnancy if possible and if she is not successful she is likely to develop hostile feelings toward the unborn child and toward her husband.

"If a woman has found a father substitute in her husband she may develop a state of neurotic dependency or show some of the profound guilt reactions which are associated with incestuous desires. Mere discrepancy in their ages is only one and an uncertain indication that such a substitute has been found. There are many personality characteristics which the husband many possess in common with the father and which help to perpetuate an old and familiar relationship. In fact, the more we study marital problems the more we find a reproduction of or a reaction to the conditions in the homes of the parents.

"Assuming that the prospective mother retains the affection of her husband she nevertheless has much occasion for apprehension. She is not as physically attractive in her pregnant state and her feelings suggest that she will never again be able to make as much appeal to him. She may be laboring under the impression that physical relations are harmful to herself and to her unborn child and yet she realizes that her husband's desires continue unchanged.

"She may be anxious as to how a larger family is to be maintained on an income which is already inadequate. This anxiety may be tinged with resentment and bitterness over the thought that our present social system penalizes those of her status who reproduce unless they are willing to accept charity.

"With such worries on the part of the pregnant woman we are all familiar, but there are many aspects of pregnancy which are not disclosed to the public and which may escape the attention of the physician. Perhaps one of the most common protests against a state of pregnancy is persistent vomiting. As a rule there is much discussion and investigation on the assumption that the vomiting is physiological or toxic and to determine whether the pregnancy should be allowed to continue.

"Without wishing to minimize the importance of toxic factors in persistent vomiting it is good medical practice to have a psychiatric consultation. In one case of this vomiting a woman thirty years old and three months pregnant was admitted with the expecta-

tion of being aborted. Five previous pregnancies had been terminated by abortion because of persistent vomiting and it was not unnatural that she and her family physician should expect that the same action would be taken again.

"The present situation was complicated by her claim that she wanted this child whereas previously she could not tolerate even the thought of giving birth to one. In her attempt to account for her aversion to being a mother she acknowledged that she had lost all affection for her husband soon after marriage. His sexual demands had been excessive and their relations were distasteful to her. 'I was really very unhappy about it. Having a child and settling down used to frighten me to death. There were terrific scenes—always about sex. Sexual relations were painful and repulsive. I was forced to become pregnant. We are just not suited to each other. It's too bad I'm in this condition.' Finally the patient acknowledged that her feeling of aversion toward her husband was due to the fact that he continued to have relations with his divorced wife. The thought of becoming pregnant by him aroused such a feeling of disgust that she vomited. Her vomiting ceased after she had become better adjusted to the circumstances. The pregnancy continued.

"It would be a mistake to conclude from this simple rendition of the above case that the vomiting was deliberately planned by the patient. Feelings of anxiety and disgust preceded the pregnancy and neither of these emotional states is conducive to appetite or digestion. The significance of the common morning sickness is easily distorted and magnified by suggestions from friends and relatives and particularly by the serious medical discussions with and in the presence of the patient. A short residence in some hospitals is all that a neurotic patient needs in order to become acquainted with and to develop all the symptoms of a suspected illness. It is unfortunately true that some physicians become absorbed in the discussion of medical problems to the extent of apparently forgetting that their patients have ears and feelings.

"Conflict between the sexes appears to be fundamental in the causation of all kinds of personality disorder. Pregnancy is only one of several stresses which may determine the onset of obvious maladjustment. The prospective mother often has unpleasant memories of her own mother's behavior during pregnancy, she may have friends who keep her alert to the possible dire consequences and she has her own apprehension regarding her ability to meet present and future responsibilities.

"If she has an excess of masculine characteristics and is aggressive, especially towards her husband, she may be troubled during pregnancy with sadistic impulses toward him or with suicidal thoughts if she fails to dominate him and develops a sense of guilt in connection with her inadequacy.

"On the other hand if she depends upon her physical attractions and upon the attention which she can command from others she may find herself in more and more difficulty as she fails in her competition with her children. Not uncommonly with such a narcissistic person marriage and pregnancy represent a somewhat desperate attempt to prove womanly attributes and capacities and this having been demonstrated she then regresses to the immature adaptations of the psychoses.

"The narcissistic woman marries only because she is pursued and flattered. If left to her own resources she will satisfy her own desires or at best will seek another woman, a person in her own image, and thus avoid self sacrifice. In marriage she is almost certain to be frigid and pregnancy may be a step in the direction of mental illness.[2]

"If women could be easily divided into the narcissistic, the homoerotic and the mature heterosexually adjusted, a solution of many problems might be visualized. As a matter of fact all possible combinations of tendencies characteristic of these groups are found in addition to the manifold influences of the environment which too often emphasize deficiencies. Society arbitrarily divides people into male and female by external form when actually their sexual functions and their ability to adjust to adult relationships are determined more by their physiological equipment and most by their psychological background.

"Each physician undoubtedly has his own viewpoint and understanding of such problems and his clinical experience has taught him ways in which he may deal with them. However this may be he must recognize that no amount of skill in dealing with physical illness is adequate when the mental hygiene of the prospective mother has to be considered. The physician must then get thoroughly acquainted with his patient as a person in a difficult life situation. He must have his patient's confidence. He must be an interested and noncommittal listener when the patient is in the mood to talk to him. In most cases he may take the attitude of a confidential friend. This can be done without any violation of the orthodox professional relationship. In some cases he may have to play the role of a father or a wise counsellor.

"Without being at all inquisitive he should spend a little time in the initial interview getting acquainted with his patient. At an appropriate time in his interview, before or after routine examinations, he should learn whether a child is wanted, who wants it and why. A deliberately planned conception may be just as unhygienic as one that is accidental or unwanted. Clues as to possible complications may be obtained from inquiry regarding the pregnancies of the patient's mother, of her sisters, or of her immediate friends. What is the patient's attitude toward pregnancy? What complications or consequences of pregnancy have been suggested to her? What is the actual situation in the home, the economic, social, emotional and psychosexual aspects? Is the patient apprehensive regarding herself or her child? To whom does she appeal when in trouble?

"By thus keeping in touch with the patient's emotional state and with her personal problems the physician will be in a position to take appropriate action before obvious disorder is manifest. It is desirable that the physician give as much reassurance to the patient and to her family as the situation warrants and it is necessary that he conceal his own uncertainty until he has decided upon a course of action. If it should be necessary to have a psychiatric consultation the attending physician can prepare the way by referring to the psychiatrist as a medical colleague and by avoiding the frequent emphasis which is placed upon the psychiatrist's special field of interest. Most patients accept the suggestion that in the course of illness or pregnancy 'worry' or 'nervousness' may play an important role. It is one of the responsibilities of the psychiatrist to advise when and how more specific language may be employed.

"In case a psychiatrist is not available there are a few simple clues which the attending physician may follow in arriving at his own conclusions.

"Mental illness which accompanies actual disease of the brain is likely to be manifested by loss of memory, gross errors in judgment, and in acute conditions there is almost always some disturbance of the patient's ability to keep in touch with her surroundings. Frequently neurological changes may be noted, depending upon the site and nature of the brain disease and the rapidity of its development.

"If the nurse reports that the patient seems 'confused,' especially at night, the physician should be alert to the possibility of a toxic, delirious state. In this condition the patient is likely to be apprehensive, restless, and mixed up as to recent events and perhaps as to her surroundings. Her talk may be incoherent and her behavior 'irrational.' Evidence of such a change is elicited best in a darkened room with external

stimuli reduced to a minimum. Do not question the patient or try to examine her. Instead appear to be studying her chart or otherwise occupied while you listen and make observations. A toxic, delirious state almost always is associated with fever and other indications of acute physical illness. Its presence does not mean that the patient is primarily psychotic. It does mean that whatever the underlying physical condition may be it has become worse. It means that the attending physician should focus his attention upon this underlying physical condition and deal with the delirious state itself only in so far as the patient's tendencies and behavior dictate.

"If the patient becomes unusually animated, talkative, active and aggressive or if, on the contrary, she becomes unduly discouraged, depressed, lacking in energy, troubled with thoughts of the futility of continuing her existence, she needs psychiatric attention because of a manic-depressive psychosis.

"If you have failed to gain the confidence of your patient and she is characteristically reserved and inclined to scrutinize the motives of others or inclined to manifest bizarre, hypochondriacal symptoms she may require psychiatric observation because of a schizophrenic development.

"A large majority of pregnant women are likely to show psychoneurotic manifestations. Phobias, compulsions, anxiety, and neurathenic and hypochondriacal symptoms are probably most common. Excessive vomiting always requires inspection from a psychiatric viewpoint.

"Patients with organic, manic-depressive and schizophrenic psychoses often require treatment in a psychiatric hospital. Ordinarily a toxic, delirious patient is best treated in a general hospital which makes special provision for such cases. The psychoneurotic patient may be treated at home, by her own physician or by a specialist in these disorders or at a psychiatric outpatient clinic.

"Morbid anxiety may be associated with almost any serious illness, including mental illness. A state of mental depression with irritability and a bitter, hopeless outlook on life may determine the choice of suicide.

"Hostile feelings towards others, particularly the husband, and resentment over being pregnant may lead to acts of violence against the husband and the child. Such a patient may disguise these underlying feelings by too much pretense of affection or too great anxiety over the welfare of her child and her family. Do not be misled by the patient's words and be sure to study her emotional reactions as she talks. The truth is likely to be disclosed inadvertently.

"I'm afraid I have allowed myself to dwell too much upon the obvious but I may have given some hints as to the direction in which we may proceed to gain a better understanding of the mental hygiene of the prospective mother. The responsibility for this understanding belongs largely with the medical profession. It is just one of the many in connection with the practice of medicine. The nearest approach to a satisfactory handling of these problems was made by the old general practitioner who knew his patient as well as his diseases. With increasing specialization it will be necessary for all physicians to have thorough psychiatric training and to maintain an interest in psychiatric problems just as all psychiatrists must continue in touch with general medicine if they are to remain well balanced physicians."

1. Zilboorg, G.: Malignant psychoses related to childbirth. Amer. Journ. Obs. & Gyn., 15: 145, 1928. The dynamics of schizophrenic reactions related to pregnancy and childbirth. Amer. Jour. Psychiat. 8: 733, 1928.

2. Henry, G. W.: Psychogenic and constitutional factors in homosexuality: their relation to personality disorders. Psychiat. Quart. 8: 243, 1934.

COMMUNICABLE DISEASES REPORTED

Urban and Rural - June, 1938.

Occurring in the Municipalities of:

Chickenpox: Total 549—Winnipeg 465, Kildonan East 29, Tuxedo 8, Kildonan North 7, St. Boniface 6, Kildonan West 5, Edward 3, Flin Flon 3, Rosser 3, St. Francois Xavier 3, Lac du Bonnet 2, St. James 2, St. Paul East 2, Woodlands 2, Brooklands 1, Fort Garry 1, Gilbert Plains Rural 1, Langford 1, McCreary 1, Portage City 1, Unorganized 1 (Late Reported: May, Fort Garry 1, St. James 1).

Mumps: Total 157—Winnipeg 72, Brandon 32, St. James 17, Ethelbert 7, Portage Rural 6, Kildonan East 4, Unorganized 3, Portage City 1, Tache 1, Transcona 1 (Late Reported: May, Brandon 10, Unorganized 2, Strathclair 1).

Whooping Cough: Total 105—Winnipeg 47, Kildonan East 22, Shell River 8, Unorganized 7, Brandon 6, Transcona 3, St. James 2, Flin Flon 1, St. Clements 1 (Late Reported: May, Brandon 3, Kildonan East 3, Flin Flon 1, Transcona 1).

Scarlet Fever: Total 80—Winnipeg 24, Portage City 8, Lac du Bonnet 7, Unorganized 7, Brenda 4, Harrison 3, Rockwood 3, Brandon 2, Transcona 2, Arthur 1, Assiniboia 1, Charleswood 1, Cypress North 1, Daly 1, Glenwood 1, Melita 1, Pipestone 1, Portage Rural 1, Strathclair 1, St. James 1, Victoria Beach 1, Whitewater 1 (Late Reported: May, Brandon 3, Harrison 1, Portage City 1, Rockwood 1, St. James 1).

Tuberculosis: Total 46—Winnipeg 13, Unorganized 6, Dauphin Town 2, Woodworth 2, Lawrence 2, St. Laurent 2, Virden 2, Assiniboia 1, Bifrost 1, Brandon 1, Brokenhead 1, Gilbert Plains Village 1, Hillsburg 1, Kildonan East 1, Kildonan West 1, Lac du Bonnet 1, Pipestone 1, Portage Rural 1, Siglunes 1, Strathclair 1, Swan River Town 1, St. Clements 1, Ste. Rose 1, Westbourne 1.

Smallpox: Total 20—Unorganized 10, Minto 1 (Late Reported: March, Minto 2: April, Minto 5; May, Minto 2).

Measles: Total 19—Portage Rural 8, Winnipeg 3, Louise 2, Kildonan East 1, Portage City 1, St. James 1, Whitewater 1 (Late Reported: May, Roblin Rural 2).

Influenza: Total 12—St. James 1 (Late Reported: February, Cypress North 1, Montcalm 1; March, Louise 1, Mossey River 1, Rockwood 1, Stonewall 1; April. Brokenhead 1, Dauphin Rural 1, Ethelbert 1, Portage Rural 1, Kreuzberg, Unorganized, 1).

Diphtheria: Total 8 — Winnipeg 6, Stanley 1, Unorganized 1.

Typhoid Fever: Total 7—Unorganized 4, Lansdowne 1, Stanley 1, St. James 1.

Erysipelas: Total 5 — Unorganized 2, Lawrence 1, Richot 1, Winnipeg 1.

Septic Sore Throat: Total 1—Transcona 1.

Venereal Disease: Total 125—Gonorrhoea 70, Syphilis 55.

DEATHS FROM ALL CAUSES IN MANITOBA

For the Month of May, 1938.

URBAN—Cancer 45, Pneumonia 7, Tuberculosis 5, Influenza 1, Erysipelas 1, Septic Sore Throat 1, all others under 1 year 24, all other causes 132, Stillbirths 16. Total 232.

RURAL—Pneumonia 23, Cancer 23, Tuberculosis 18, Influenza 9, Whooping Cough 2, Typhoid Fever 1, all others under 1 year 38, all other causes 176, Stillbirths 11. Total 301.

INDIAN—Tubercuolsis 9, Influenza 3, Pneumonia 1, Scarlet Fever 1, all others under 1 year 5, all other causes 3. Total 22.

Supplementary Data on Report Printed in January "Review"

In the January number of the Manitoba Medical Association *Review* under the report of the Manitoba member on the Executive Committee of the Canadian Medical Association, the following item appeared:

New Appointment for Dr. Routley:

"Dr. Routley, the General Secretary, who has been appointed Managing Director of the Department of Cancer Control, will receive a salary of $300.00 per month for this service."

In a letter dated May 2nd, 1938, the Chairman of the Executive Committee of the Canadian Medical Association, requested that the following supplementary data be added:

"Dr. Routley, while nominally Secretary of the Ontario Medical Association until his resignation is officially accepted at the annual meeting this week, has not been a salaried officer of that organization since December 31st, 1937. His salary from the Canadian Medical Association has been increased as of January 1st, 1938. The increase makes his salary somewhat less than the amount formerly received by him as Secretary of the two organizations."

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Others as required.

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